



Gallatin City-County Health Department

Environmental Health Services
215 W. Mendenhall #108, Bozeman, MT 59715
(406)582-3120

TEMPORARY EVENT SELF-INSPECTION FORM

This form must be completed and available to Sanitarian upon request. All questions including logs of cooking and holding temperatures, as well as, sanitizing concentrations, should be filled out during operating times.

Event _____ Dates of event _____

Organization: _____ Commissary _____ License # _____

Person in Charge _____ Event coordinator _____

****After event please mail white copy to:** Environmental Health Services,
215 W. Mendenhall #108, Bozeman, MT 59715

	Yes	No	Inspector
1. Thermometer calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is cooling ice and consumption ice separated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are chemical test strips available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are employees using good hand washing procedures, have they signed forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you using single service items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Where are you getting water? _____			
7. How are you transporting it? _____			
8. Where are you getting ice? _____			
9. Where are you disposing of waste and wastewater? _____			
10. Describe how you clean and sanitize dishes, utensils, and surfaces. _____			
11. Type of sanitizer? _____ Strength? _____			
12. Describe your hand washing system and location. _____			
13. Location of restroom? _____			
14. Describe how you are limiting direct hand contact. _____			
15. How will you control pests (insects, rodents)? _____			

List Menu Items _____

Where do your foods come from? _____

Temperature Log

Hot Foods Cooking/holding temperature				Cold Foods holding temperature			
Item	AM	Noon	PM	Item	AM	Noon	PM

Signature of person in charge
White - Mailed to GCCHD after event

Date

Sanitarian
Yellow - Vendor copy

Date